

ALASKA COURT SYTEM  
BILLING FORM FOR POST-TRIAL JUROR COUNSELING

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

Juror Who Received Counseling \_\_\_\_\_  
(by juror number, **not** by juror name)

Name of Trial Judge \_\_\_\_\_

**Counselor Information**

Print or Type Counselor's Name \_\_\_\_\_ Tax I.D. Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Billing Information**

Type of Session:  Group  Individual Number of Sessions \_\_\_\_\_

Dates of Counseling Sessions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hourly Rate \_\_\_\_\_ x Total Hours \_\_\_\_\_ = \_\_\_\_\_  
Total Amount Billed

\_\_\_\_\_ Date \_\_\_\_\_ Counselor's Signature \_\_\_\_\_

**Court Use Only**

Recommend Approval \_\_\_\_\_  
Judge's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_  
Administrative Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Acct. Purposes: Ledger Code 41900030